16P	OPAP						Application Number			10/536,885	
	TRANSMITTAL						Filing Date			May 31, 2005	
. APR	APR 0 5 2011 FORM						First Named Inventor			Ebrahim Firoozabady	
BY87	THADE used for all correspondence after initial filing)						Art Unit			6613	
	THAT I THE									63-000600US	
Total Number of Pages in This Submission						Attorney Docket Number				63-00060003	
ENCLOSURES (Check all that apply)											
\boxtimes	Fee Transmitta	PTO-1449 Form			Execu		Execut	ed Declaration			
	Fee Attached		Cited References			Powe		ower	of Attorney		
\boxtimes	Amendment / Response		Copy of PCT Search			Report Cert		Certific	icate of Assignee		
	Request Reconsid	Copy of EP Search Report				Copy of Executed Assignment (Not for Recordation)					
	Affidavits/declaration(s)			CD, Number of CD(s)				s	Sequence Listing Statement		
	Extension of Time Request			Request for Corrected F					Sequence Listing Paper Form		
\boxtimes	Receipt Acknown Postcard	Copy of Filing Receipt -			ipt –			Drawings			
	Information Dis	Replacement/Supplementa Application Data Entry For					□ ι	Letter to Official Draftsperson			
	Certified Copy of Priority Document(s)			Issue Fee Transmittal					Replacement Specification – Marked-Up		
	Response to Missing Parts/ Incomplete Application		Fee Address Indication Form			tion Form		Replacement Specification – Clean Copy			
	Copy of Notice to File Missing Parts		Authorization to Charge Deposit Account Please charge Deposit Account No. 50-0893 for any additional fees associated with								
	Interview Summary					of this application, including any extensions of time for ts enclosed.					
\boxtimes	Terminal Disclaimer		Remarks								
	Request for Continued Examination (RCE)							:			
	Change Entity Status										
		SIGNA	TURE	OF APP	LICANT, A	TTORNE	Y, OF	AGEN	Т		
Firm Name Quine Intellectual Property Law Group P.C.											
Printe	Printed name Jonathan Alan Qu		iine			Reg. No.		41,2	261		
Signature Al Prine											
Date April 1, 2011											
CERTIFICATE OF TRANSMISSION /MAILING											
CERTIFICATE OF TRANSMISSION/MAILING I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.											
Typed or printed name Deborah Barragan							CIOW.				
Signat	Signature Ruh 1			Banger			Date	te April 1, 2011			

Effective on 12/08/2004.		Complete if Known			
Fees pursuant to the Consolidated Appropriations	Application Number	10/536,885			
0 5 2011 DEE TRANSMI	Filing Date	May 31, 2005			
<i>≿</i> /	First Named Inventor	Ebrahim Firoozabady			
For FY 2009		Examiner Name	Russell Kallis		
Applicant claims small entity status. See 37 C	FR 1.27	Art Unit	6613		
TOTAL AMOUNT OF PAYMENT	(\$) 140.00	Attorney Docket Number	63-000600US		

METHOD OF PAYM	IENT (chec	call that apply)						
Check	Credit Card	☐ Money Orde	er 🔲 None	Other (p	lease identify)	Deposit Account		
Deposit Account	Deposit Ac	count Number:	50-0893	Deposit accor	unt name:	Quine Intellectual	Property Law Group, P.C.	
_		•	e Director is he	ereby authorized to	=	• • • • •		
	e fee(s) indica	ited below			harge fee(s) in	dicated below, except	for the filing fee	
⊠ Charge 37 CFR 1.1		al fee(s) or underp	payments of fee	e(s) under 🛛 C	redit any overp	payments		
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.								
FEE CALCULATION		1 3						
1. BASIC FILING, SEARCH, AND EXAMINATION FEES								
V	-	NG FEES		RCH FEES	EXAMIN	ATION FEES		
Application Type	ion Type Fee (\$) Small Entity Fee (\$)		<u>Fee (\$)</u>	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)	
Utility	330	165	540	270	220	110		
Design	220	110	100	50	140	70		
Plant	220	110	330	165	170	85		
Reissue	330	165	540	270	650	325		
Provisional	220	110	0	0	0	0		
2. EXCESS CLAIM	FEES						Small Entity	
Fee Description	-1 - 12 - D -2 -					<u>Fee (\$</u>		
Each claim over 20 (in Each independent clair		,				52 220	26 110	
Multiple dependent cla		rading resistes,				390	195	
Total Claima		Evtra Claima	Foo	(¢) Foo	Doid (6)		tiple Dependent Claims	
<u>Total Claims</u>	-20 or HP =	Extra Claims	<u>Fee</u> X	<u>(5)</u> =	Paid (\$)	<u>Fee (</u>	(\$) <u>Fee Paid (\$)</u>	
HP = highest number of to	tal claims paid	for, if greater than 20						
Indep. Claims	·	Extra Claims	Fee	(\$) Fee	Paid (\$)			
	-3 or HP =		х	= =				
HP = highest number of in	dependent clai	ns paid for, if greater	than 3.					
3. APPLICATION S								
If the specification and di due is \$270 (\$135 for sm							1.52(e)), the application size fee	
Total Sheets	•			nch additional 50			Fee Paid (\$)	
	-100	/ 50 =						
	·100	/ 50 =		(round up to a	whole number,		=	
4. OTHER FEE(S)	Fee Paid (\$)							
Other: Submission	of Termina	al Disclaimer.					140.00	
Other:								
Other:								
Other:		-	2 2 .		-			
Other:								
SUBMITTED BY								
Signature	1	al Al	$\overline{\bigcirc}$	Registration No.	41,261	Telephone		
	16 mil		yani	(Attorney/Agent)			
Name (Print/Type)	Jonathan .	Alan Quine	•			Date	April 1, 2011	